

**MEDICARE ADVANTAGE
OFFSHORE SUBCONTRACTOR ATTESTATION**

Business entities who provide goods or services to BlueCross BlueShield of South Carolina who utilize offshore subcontractors as defined by CMS, must submit the attached information and attestation for approval by the Medicare Advantage Plan as defined in the agreement.

This attestation does not replace or alter the requirements that all business entities, including but not limited to providers, contractors, subcontractors and other downstream entities comply with CMS rules and regulations, as well as the contractual provisions between the entity and BlueCross BlueShield of South Carolina. Attestation requirements may be changed from time to time by the Plan or CMS.

A new form must be submitted any time the information herein changes or is modified.

Name of Business Entity:

Person at Business Entity Responsible for Subcontractor Review:

Name

Title

Phone Number

Fax

Email

Date

PART I. OFFSHORE SUBCONTRACTOR INFORMATION:

Offshore Subcontractor Name:

Offshore subcontractor Country:

Offshore subcontractor Address:

Describe Offshore Subcontractor Functions:

Date Proposed or Actual Effective Date for Offshore Subcontractor:

**Part I Attestation of Safeguards to Protect Beneficiary Information
in the Offshore Subcontract:**

Item	Attestation	Response
I.1	Offshore subcontracting arrangement has policies and procedures in place to ensure that Medicare beneficiary protected health information (PHI) and other personal information remains secure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I.2	Offshore subcontracting arrangement prohibits subcontractor's access to Medicare data not associated with the sponsor's contract with the offshore subcontractor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I.3	Offshore subcontracting arrangement has policies and procedures in place that allow for immediate termination of the subcontract upon discovery of a significant security breach.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I.4	Offshore subcontracting arrangement includes all required Medicare Part C and D language (e.g., record retention requirements, compliance with all Medicare Part C and D requirements, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART II. PRECAUTIONS FOR PROTECTED HEALTH INFORMATION (PHI):

Describe the PHI that will be provided to the Offshore Subcontractor:

Discuss why providing PHI is necessary to accomplish the Offshore Subcontractor objectives:

Describe alternatives considered to avoid providing PHI, and why each alternative was rejected:

Part II. Attestation of Audit Requirements to ensure Protection of PHI

Item	Attestation	Response
II.1	Organization will conduct an annual audit of the offshore subcontractor	<input type="checkbox"/> Yes <input type="checkbox"/> No
II.2	Audit results will be used by the Organization to evaluate the continuation of its relationship with the offshore subcontractor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
II.3	Organization agrees to share offshore subcontractor's audit results with CMS, upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part III. Certification

I certify that the information provided above and supplied to BlueCross and BlueShield of South Carolina is accurate and correct to the best of my knowledge.

Authorized Signature (hand-written typed, or electronic signature is acceptable):

Name and Title (Print or Type):

Date:

Please submit completed form, (and attachments if applicable) via email to:

Jacqueline.Gill@bcssc.com, or Ryan.Lukshis@bcssc.com

with a copy to

Delegation.Oversight@bcssc.com and David.Pfeffer@bcssc.com

If you have any questions please call the following:

Jackie Gill, Compliance Supervisor 803-264-7285

Ryan Lukshis, Senior Compliance Analyst 803-264-4639